

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>1/23</u>		2 Serial/Pat nt # <u>09/955,074</u>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED						
	Filing		\$						
	Amendment		\$						
	Extension of Time		\$						
	Notice of Appeal/Appeal		\$						
✓	Petition	4.	12/21/01 \$ 130.00						
	Issue		\$						
	Cert of Correction/Terminal Disc.		\$						
	Maintenance		\$						
	Assignment		\$						
	Other		\$						
		7 TOTAL AMOUNT OF REFUND \$ <u>130.00</u>							
10 REASON:		8 TO BE REFUNDED BY:							
	Overpayment	Treasury Check							
	Duplicate Payment	Credit Deposit A/C #:							
✓	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">5</td> <td style="width: 20px;">--</td> <td style="width: 20px;">00</td> <td style="width: 20px;">3</td> <td style="width: 20px;">0</td> </tr> </table>		1	5	--	00	3	0
1	5	--	00	3	0				
drawings not omitted									
11 REFUND REQUESTED BY: <u>Patricia Fuson Ball</u>									
TYPED/PRINTED NAME: <u>Charlene Grant</u>		TITLE: <u>Ret Atty</u>							
SIGNATURE: _____		PHONE: _____							
OFFICE: _____									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>Alicia Kelly</u>		DATE: <u>2-15-02</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B